Provider Overview
Block 2

Appointment Standardization
Business Rules Training Seminar
15-16, 17-18 May 2001

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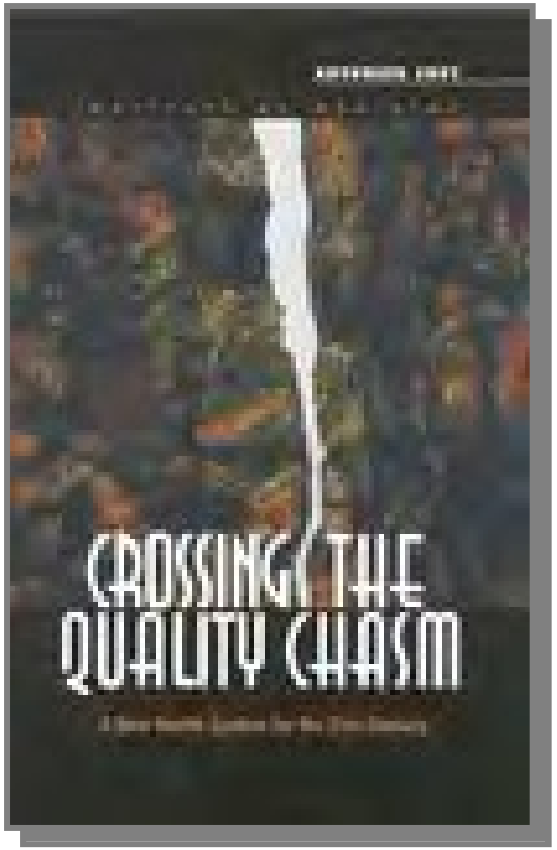
21st Century Health System Aims

Health care should be:

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable



Crossing the Quality Chasm: A New Health System for the 21st Century, Committee on Quality Healthcare in America, Institute of Medicine, National Academy Press, Washington DC. 2001

Rules for the 21st Century

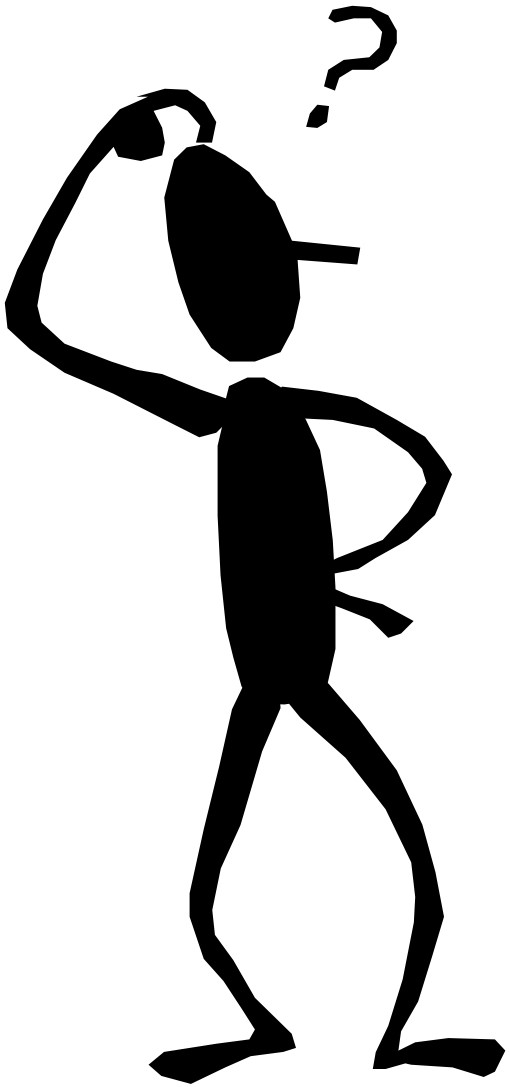
Current Approach

- Care is based primarily on visits.
- Professional autonomy drives variability.
- Professionals control care.
- Information is a record.
- Decision making is based on training and experience.
- Do no harm is an individual responsibility.
- Secrecy is necessary.
- The system reacts to needs.
- Cost reduction is sought.
- Preference is given to professional roles over the system.

Rules for the 21st Century

New Rules

- Care is based on continuous healing relationship.
- Care is customized according to patient needs and values.
- The patient is the source of control.
- Knowledge is shared and information flows freely.
- Decision making is evidence-based.
- Safety is a system property.
- Transparency is necessary.
- Needs are anticipated.
- Waste is continuously decreased.
- Cooperation among clinicians is a priority.



How are we doing with providing timely patient-centered access to care in the MHS?

Appointing: The story for publication

- Our patients get seen when they need to be seen.
- We always meet the access standards.
- The patients seen in our clinic don’t seem to have any problem getting into the system.
- Patients expect to wait for an appointment - it is a sign of quality care.
- A wide variety of appointment types is necessary to run our clinic effectively - “workload planning”

Appointing: The real story . . .

- Our patients sometimes get seen when they need to, but rarely when they want to be seen.
- We may or may not meet the access standards.
- Patients are trained to wait for an appointment and frequently schedule prophylactic appointments - “just in case I need it”.
- The complexity of our appointments serves as a barrier to access.
- We sometimes inappropriately use appointment types to document workload.

Why Appointment Standardization?

- Timely, patient-centered care is quality care!
- Standardized appointment types remove artificial barriers to accessing care.
- Reduces no shows from “prophylactic appointing”
- Facilitates innovation such as Internet appointing.
- Remember, the only purpose of appointing is to

Get the right patient . . .

to the right provider . . .

in the right place . . .

at the right time.

Why Appointment Standardization?

- Fewer appointment types with the appropriate detail codes facilitate ease of access for our patients and ensures the delivery efficient and effective health care by reducing unnecessary and potentially harmful waits and delays.
- Mandated by Congress through the 1999 Defense Authorization Act requires DoD meet prescribed Access Standards for
  - Acute Care: 24 hours -Routine Care: 7 days
  - Specialty Care: 4 weeks -Wellness Care: 4 weeks

Nine Standard Appointment Types (tied to the access to care standards)

- Primary Care Only
  - » PCM — 28 day access
  - » ROUT — 7 day access
- Specialty Care Only
  - » SPEC — 28 day access
- Both
  - » ACUT — 24 hour access
  - » WELL — 28 day access
  - » PROC — 28 day access
  - » EST — provider designated
  - » GRP — provider designated
  - » TCON — N/A

Why Appointment Standardization?

Standardized appointment types . . .

mapped to access to care standards . . .

are the only way that we will be able to tell how we are doing meeting the access standards mandated by Congress and expected by our beneficiaries.

Why Appointment Standardization?

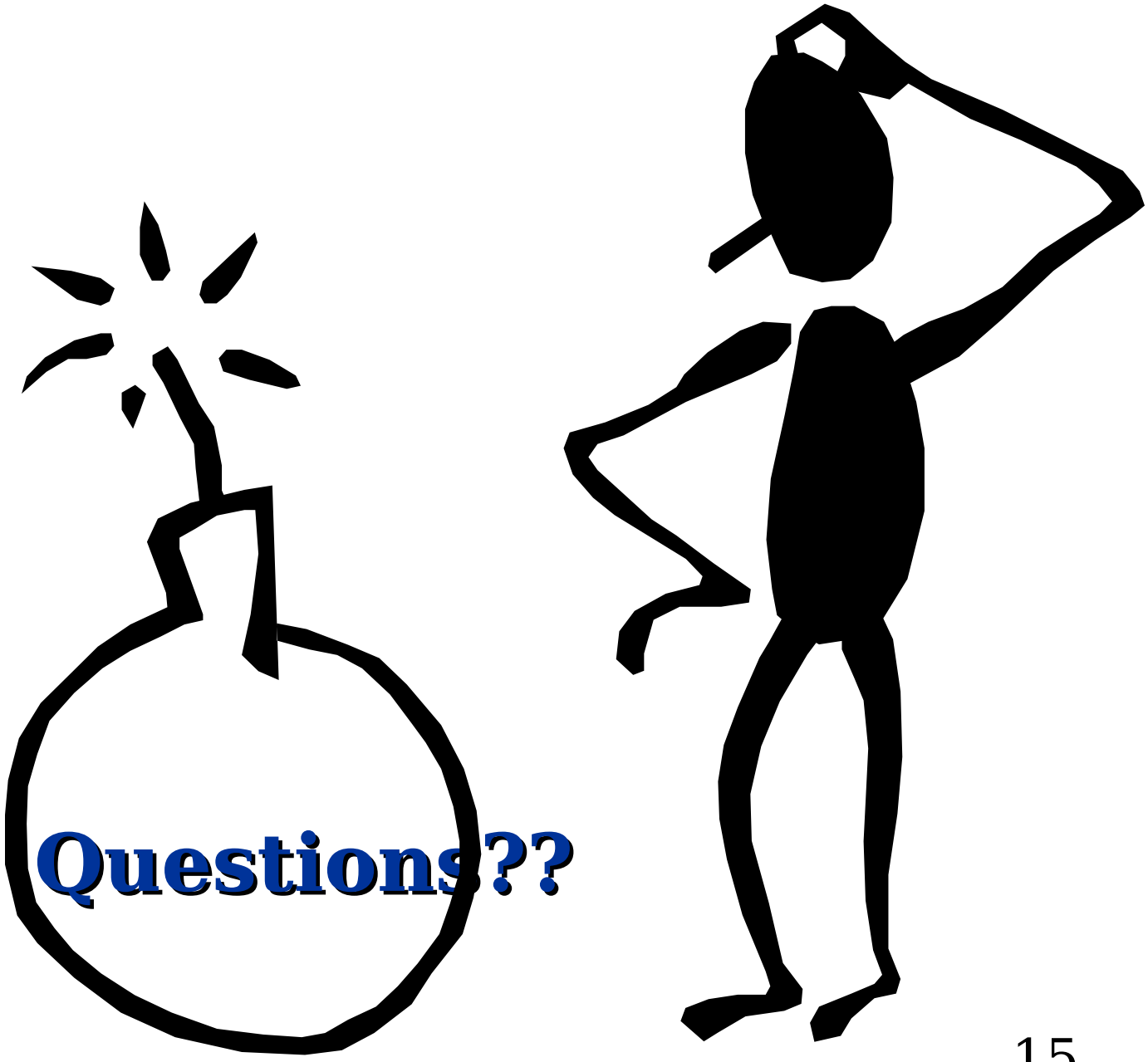
- Once we can really manage our appointing, we can begin to provide World Class Access
- What is World Class Access?
  - Timely patient-centered access to care
  - perhaps Open Access Appointing or
  - a very aggressively managed acute care carve out model of care
- We have the tools to do this in every clinic
  - Access to Care Report
  - Template Analysis Tool
  - Clinic Level Patient Satisfaction
  - Standard Appointment Types Utilization Reports

Provider Schedule Management

- Know the Command's policy on provider privileges
- Utilize appropriate detail codes and optional slot comments to accurately reflect provider privileges and available care
- Use standardized detail codes and approved slot comments
- Review provider schedules at least annually
- Department Head or representative

Provider's Role

- Must lead the transition and fully support the move to appointment standardization:
  - Improves access and quality
  - Reduces confusion
  - Reduces learning curve for newly arriving personnel at all levels to include providers
- Get to know the appointment definitions and the use of the detail codes. Be the expert.
- Take active role to improve access.
- Demand timely, accurate, and useable feedback and reports.


Questions??